

<div>CITY OF HAMPTON</div> <div>Visitor/Citizen Incident Report</div> <div>CIR FORM 3000</div>			<div>NOTE: PLEASE FORWARD REPORT IMMEDIATELY TO</div> <div>RISK MANAGEMENT – 133 KINGS WAY, SUITE 102</div> <div>HAMPTON, VA 23669</div> <div>PHONE: 757-727-6617 FAX: 757-727-1470</div>		
	Citizen				
1. Name of Person (Last, First, Middle)		2. Address		3. Phone	
	Witness				
4. Name of Person (Last, First, Middle)		5. Phone number		6. City Dept/Div	
	Incident Information				
7. Type of Accident					
<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>					
8. Time of accident		9. Date of accident		10. Location of accident	
11. Time accident reported		12. Person to whom reported		13. Name of other witness	
14. Property Involved (include serial or registration number)				15. Extent of damage and estimated cost	
16. Injured Body Part (Please be specific)				17. Extent of damage	
	Nature and Cause of Accident				
18. Please describe in detail how the incident, property damage, or injury occurred:					
	Recommendation to Prevent Recurrence				
19. Please describe any recommendation or actions taken to prevent recurrence:					
20. City Department Representative: (Signature)				21. Date:	
	Risk Management				
22. Comments:					
23. Risk Management Representative: (Signature)				24. Date:	